

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	1					
5	1					
6	1					
7	1					
8	2					
9	1					
10	1					
11	1					
12	1					
13	2					
14	1					
15	1					
16	1					
17	1					
18	2					
19	1					
20	1	1				
21		1				
22		1				
23	2					
24						
25						
26						
27	1					
28						
29						
30		1				
31						
32		1				
33	1					
34	1					
35						
36	2					
37	1					
38	1					
39	1					
40		1				
41		1				
42	2					
43	1					
44	1					
45	1					
46	2					
47	2					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		1				
52						
53						
54						
55						
56						
57						
58						
59						
60						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		9				
TOTAL DEP.		52				
TOTAL CLAIMS		60				